



**RBC  
Insurance**

## **YOUTH STUDENT PACKAGE**

### ***Emergency Medical Assistance***

**Wherever *you* go, Assured Assistance Inc. and PAY-ASSIST® are just a phone call away - 24 hours a day, 7 days a week.**

If *you* require medical treatment during *your trip*, or for any other *emergency*, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

## **YOUTH/STUDENT PACKAGE - SINGLE TRIP**

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## Summary of Insurance Coverage

Youth/Student Package	
Cancellation & Interruption Insurance	Maximum Sums Available
Before Departure	Up to the sum insured
After Departure	Up to the sum insured
Subsistence Allowance	\$3,500
HolidaySure Plan®	\$750 Travel Coupon
Connection Benefit	Available
Emergency Medical Insurance	
Medical & Other Benefits	Unlimited <sup>1</sup>
Subsistence Allowance	\$3,500
Baggage & Personal Effects Insurance	
Loss of, or Damage to, Baggage & Personal Effects	\$1,000 <sup>2</sup>
Delay of Baggage & Personal Effects	\$400 <sup>3</sup>
Flight Accident Insurance	
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>4</sup>	Principal Sum: \$100,000
Travel Accident Insurance	
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>4</sup>	Principal Sum: \$50,000

<sup>1</sup> This insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage.

<sup>2</sup> The maximum for any one item or set of items is \$500. The maximum sum insured per person or per family does not exceed \$2,000 in total for all coverages issued by *us*.

<sup>3</sup> This insurance is available while en route and before returning to *your departure point*.

<sup>4</sup> *You* are entitled to a maximum of the largest amount specified for one of these benefits.

## Definitions

The following are *our* definitions and apply when written in *italics* throughout this document.

***Accidental bodily injury*** - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

***Bedside companion*** - a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

***Business meeting*** - a meeting, trade show, training course, or convention scheduled before *your effective date* between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*. Legal proceedings are not considered to be a *business meeting*.

***Caregiver*** - the permanent, full-time person entrusted with the well-being of *your* dependant(s) and whose absence cannot reasonably be replaced.

***Catastrophic event*** - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of *acts of terrorism*, occurring within a seventy-two hour period that exceed \$1,000,000.

***Change in medication*** - the addition of any *new prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

***Children*** - unmarried persons:

- under 21 years of age; or
  - under 26 years of age if full-time students; or
  - mentally or physically handicapped and over 20 years of age; and
- who are *your* natural, adopted or step-children and are dependent on *you* for support.

***Commercial rental agency*** - a car rental agency licensed under the law of its jurisdiction.

**Contamination** - the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

**Departure point** - the place *you* depart from on the first day of *your* intended travel period, as shown on *your* insurance application.

**Dismemberment** - actual severance through or above *your* wrist or ankle joint.

**Effective date** -

a) **for Emergency Medical coverage, Travel Accident coverage and Baggage & Personal Effects coverage:**

the date on which *you* are scheduled to leave *your* departure point.

Under all coverages, *your* effective date is shown on *your* insurance application.

b) **for Cancellation & Interruption coverage:**

the date and time the required premium is paid, as shown on *your* insurance application.

c) **for Flight Accident coverage:**

the date and time shown on *your* transportation ticket.

d) **for Top-up coverage:**

- 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
- if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your* effective date is set out in points a) through c) above, based on the coverage *you* purchase as *top-up*.

**Emergency** - any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country.

**Emergency treatment** - medical treatment or surgery for an *emergency*, that is required for the immediate relief of an acute symptom, or upon the advice of a licensed *physician* cannot be delayed until *you* return to *your* home country, and has to be received during *your* trip because *your* medical condition prevents *you* from returning to *your* home country. The treatment or surgery must be:

- a) ordered by or received from a licensed *physician* during *your* trip; or
- b) received in a *hospital* during *your* trip; or
- c) received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your* trip.

**Expiry date** - the date on which *your* coverage ends under this insurance, as shown on *your* insurance application.

**Government health insurance plan** - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** - an establishment that is licensed as an accredited hospital, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**Immediate family** - *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

**Infant** - a person who was born before *your* effective date, is under 2 years of age, is *your* immediate family member and travels with *you* during *your* trip.

**Insurance application** - the printed form, computer printout, invoice or document provided by *your* Travel Agent or through *your* online application, which confirms the insurance coverage *you* have purchased. The *insurance application* forms part of the insurance contract.

**Key employee** - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

**Loss of sight** - entire and permanent loss of eyesight.

**Medical condition** - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Mental or emotional disorders** - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti anxiety (anxiolytics) medication.

**Mountain climbing** - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**Network** - the *hospitals, physicians* and other medical service providers recognized by *us* at the time of the emergency.

**Passenger plane** - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Period of insurance** - the period of time between *your effective date* and *your return date*.

**Physician** - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

**Prescription drug** - drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist. *Prescription drug* does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

**Professional** - engaged in a specified activity as *your* main paid occupation.

**Return date** -

- a) for all coverages except Flight Accident:  
the date on which *you* are scheduled to return to *your departure point*.  
This date is shown on *your insurance application*.
- b) under Flight Accident:  
the return date and time shown on *your* transportation ticket.

If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

**Schedule change** - the later departure of an airline carrier causing *you* to miss *your* next connecting flight via another airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight via another airline carrier (or connecting cruise ship, ferry, bus or train). *Schedule change* does not mean a change resulting from a supplier default, strike or a labour disruption.

**Spouse** - the person who is legally married to *you*, or has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

**Stable** - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

**Terrorism** or **act of terrorism** - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Top-up** - the coverage *you* purchase from *us*:

- a) to add to *your* insurance beyond the duration covered under *your* Multi-Trip annual coverage; or
- b) before *your* date of departure from *your departure point*, to complement travel insurance coverage that is in effect through another insurer for a portion of *your trip* duration or value.

**Travelling companion** - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

**Trip** - the period of time between leaving *your departure point* up to and including *your return date*.

**Vehicle** - a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

**We, us** and **our** refer to RBC Insurance Company of Canada.

**You, yourself** and **your** refer to the person named as the insured on the *insurance application* when the required insurance premium has been paid before the *effective date*.

### **General Insurance Details**

*Your* insurance coverage is subject to the terms set out in this document.

#### **Who is eligible for coverage?**

To be eligible for insurance coverage *you* must:

- be a Canadian resident;
- be under 29 years of age (applicable to full-time student only);
- be travelling for a maximum of 30 days;
- be a full-time student attending Elementary School, High School, University or College;
- be a chaperone (under 65 years of age) appointed by an Elementary School or High School travelling with a full-time student under 18 years of age;
- purchase coverage through a Canadian Travel Agency appointed by RBC Insurance Company of Canada;
- purchase coverage for the full duration of *your trip*;
- purchase coverage for the full value of the non-refundable portion of *your* prepaid travel arrangements;
- be covered under *your government health insurance plan* for the full duration of *your trip*. This insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage at the time of claim.

#### **How do *you* become insured?**

*You* become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application*;
- upon payment of the required premium on or before *your effective date*.

#### **When does *your* insurance start and end?**

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence;
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 183 days after *your* date of departure from *your departure point*.
- f) 365 days after *your* date of departure from *your departure point* under Flight Accident.

#### **When does *your* coverage automatically extend?**

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge (not available for Cancellation & Interruption).
- 3 If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your return date* (not available for Cancellation & Interruption).
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

### **What if *you* decide to extend *your trip*?**

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1 a) If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting *your* Travel Agent before *your return date*.
- b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- 2 *You* must pay the required additional premium before *your* original *return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
  - a) for which *you* are eligible; and
  - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

### **What if *you* want to *top-up* another insurer's travel insurance?**

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from *your* Travel Agent only before *your* date of departure from *your departure point*, and:

- a) *you* must pay the required *top-up* premium before *your* date of departure from *your departure point*.
- b) the terms, conditions and exclusions of *our* policy issued as *top-up* apply to *you*.
- c) *you* cannot purchase an annual coverage as *top-up*.

### **When can *your* premium be refunded?**

- 1 All requests for premium refunds must be submitted to the Travel Agent from whom *you* purchased the insurance.
- 2 The premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:
  - the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
  - the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
  - *you* cancel *your trip* before any cancellation penalties are in effect.

### **Terrorism Coverage**

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy, this insurance will provide coverage as follows:

- a) *Terrorism* Coverage is not available under Flight and Travel Accident Insurance.
- b) *We* will, for Cancellation & Interruption claims, except in the case of *catastrophic event*, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- c) *We* will, for Cancellation & Interruption claims resulting in a *catastrophic event*, and subject to the limits described in paragraph f), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- d) For all other classes of insurance, *we* will reimburse *you* up to a maximum of 100% of *your* eligible loss.
- e) The benefits payable in accordance with paragraphs b), c) and d) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruiselines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.
- f) The benefits payable in accordance with paragraph c) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all policyholders shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72 hour period. The total maximum payment out of the fund for all policyholders shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in *our* judgment, the total of all payable claims for all policyholders under one or more *acts of terrorism* may exceed the applicable fund maximum limits, *your* prorated claim will be paid after the end of the calendar year.

## **Emergency Medical Insurance**

### **What must you do in a medical emergency?**

You must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by the medical advisors of Assured Assistance Inc. When you contact Assured Assistance Inc., they will refer you or may transfer you, when medically appropriate, to one of the accredited medical service providers within the *network*. Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to *us* instead of to *you*. Failure to call may result in reduced benefits.

#### **Emergency Contact Numbers:**

- 1-800-387-2487 (toll-free call from USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

### **What coverage limitations apply?**

- 1 If you do not contact Assured Assistance Inc. at the time of *your medical emergency* or you choose to receive treatment from a medical service provider outside the *network*, you will be responsible for 30% of *your* medical expenses covered under this insurance and in excess of *your* medical expenses paid by *your government health insurance plan*. If *your medical condition* prevents you from calling Assured Assistance Inc. before seeking *emergency treatment*, you must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
- 2 **This insurance is subject to a maximum of \$20,000 if you do not have valid government health insurance plan coverage at the time of claim.**

### **What risks are insured?**

This insurance covers the reasonable and customary medical expenses you actually incur once you have left your *departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition*. This insurance only covers expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which you are covered.

### **What are the benefits?**

#### **1 Unlimited emergency medical expenses**

This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during *your trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while you are hospitalized;
- c) the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances;
- d) diagnostic testing, when pre-authorized by Assured Assistance Inc.; and
- e) *prescription drugs*.

#### **2 Hospital allowance**

This insurance covers *your* reimbursement up to \$50 per day to a maximum of \$500, for *your* incidental *hospital* expenses (telephone calls, television rental), while you are hospitalized for at least 48 hours.

#### **3 Other emergency services**

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, to a maximum of \$300 per profession.

#### **4 Ground ambulance**

This insurance covers you for local ground ambulance service to a *hospital*, *physician* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

#### **5 Repatriation of your remains**

If, during *your trip*, you die from a *medical condition* covered under this insurance, the insurance covers:



- a) the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- b) the transportation of *your* remains to *your departure point* and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.
- d) If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

#### **6 Return to *your departure point***

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your* country of residence because of *your medical condition* in order to receive *emergency* medical attention, or if the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* country of residence following *your emergency treatment*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc., when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point* to receive immediate *emergency* medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your departure point*, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

#### **7 Return to *your trip destination***

**a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**

- b) This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your scheduled trip destination* after *you* are returned to *your departure point* to receive immediate medical attention, provided *your attending physician* determines that *you* require no further medical attention for *your medical condition*.
- c) This benefit can only be used once during *your trip*.
- d) Once *you* return to *your trip destination*, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- e) When this benefit is provided to *you*, *your effective date* under this policy becomes the day *you* leave *your departure point* to return to *your trip destination*.

#### **8 Subsistence allowance**

**a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**

- b) This insurance covers *your* reimbursement up to \$350 per day to a maximum of \$3,500 for *your* commercial accommodations and meals, essential telephone calls and taxi fares, if, upon *physician's* advice:
  - *you*, or *your travelling companion*, are relocated to receive medical attention, for an *emergency medical condition* covered under this insurance; or
  - *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.

#### **9 Bedside companion's travel to *your bedside***

**a) This benefit is subject to the pre-authorization of Assured Assistance Inc.**

- b) If *you* are travelling alone and are expected to be hospitalized for more than 3 days during *your trip* and a *bedside companion* is required, this insurance covers:
  - the cost of a return economy air fare on a commercial flight via the most cost effective route;
  - up to \$500 for commercial accommodations and meals for the *bedside companion*; and
  - *your bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.

- c) If *you* are over age 20 and physically or mentally handicapped, or under age 21 and dependant on *your bedside companion* for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

#### **10 Emergency dental treatment**

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your trip* and *you* are also covered up to a maximum of \$1,500 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 180 days after the accident.
- if *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, up to a maximum of \$300, and the complete cost of *prescription drugs*.

#### **11 Return of vehicle**

If, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable costs for a commercial agency to return the *vehicle* to *your* residence or to a *commercial rental agency*, when pre-authorized by Assured Assistance Inc.

#### **12 Return of children and escort for children to their departure point**

If *children* insured under one of *our* *emergency* medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers:

- a) the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
- b) the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

#### **13 Return of travelling companion**

If *you* are travelling with a *travelling companion*, this insurance covers one *travelling companion* for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance.

#### **14 Return of your dog or cat**

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog(s) or cat(s) to *your departure point*.

#### **15 Return of your excess baggage**

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *you* return to *your departure point* by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

### **What is not covered?**

#### **I - Exclusion Related To Your Pre-Existing Medical Condition:**

In addition to the exclusions outlined below under “II - General Exclusions,” the following exclusion applies to *you*. This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*:
  - a) any heart condition has not been *stable*; or
  - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*:
  - a) any lung condition has not been *stable*; or

- b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

## II - General Exclusions

In addition to the exclusions outlined above under “I - Exclusion Related To *Your* Pre-Existing *Medical Condition*,” this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 2 The treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 3 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 4 *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
- 5 Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
- 6 *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 7 *Your mental or emotional disorders*.
- 8 Any treatment that is not *emergency treatment*.
- 9 *Your* participation as a *professional* athlete in a sporting event.
- 10 *Your* participation in rock climbing or *mountain climbing*.
- 11 *Your* participation in a motorized race or motorized speed contest.
- 12 Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
- 13 A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*.
- 14 A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
- 15
  - a) Routine pre-natal care,
  - b) a child born during *your trip*,
  - c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
- 16 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.
- 17 Treatment or surgery for a specific condition, or a related condition, which:
  - a) had caused *your physician* to advise *you* not to travel; or
  - b) *you* contracted in a country during *your trip* when, before *your effective date*, a written formal travel warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
- 18 Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 19 Any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* chose not to return.
- 20 War (declared or not), act of foreign enemies or rebellion.
- 21 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

What conditions apply?

- 1
- By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:

a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;

b) *your* authorization to *physicians, hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and

c) *your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- 2
- This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

Cancellation & Interruption Insurance

What coverage limitations apply?

When a cause of cancellation (the event or series of events that triggers one of the 45 risks insured) occurs before the date of departure from *your departure point*, *you* must:

- a) cancel *your trip* with the Travel Agent or the carrier immediately, but no later than the business day following the cause of cancellation; and
- b) advise *us* at the same time.

*Our* maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

When does the risk occur?

- Trip Cancellation - when the risk occurs BEFORE *your trip*.
- Trip Interruption - when the risk occurs DURING *your trip*.
- Trip Delay - when the risk occurs during *your trip*, and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

To determine the benefit(s) available to *you*:

- a) identify the risk *you* have incurred under “What are *you* covered for?” in the following chart;
- b) determine when the risk occurs under “What are *you* eligible for?” in the following chart;
- c) find the letter corresponding to the benefit in the right-hand column of the following chart; and
- d) match *your* benefit under “What are the benefits?”

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation +	Trip Interruption	Trip Delay
Medical Condition		BENEFIT(S)		
1	<i>Your emergency medical condition.</i>	A	C, D & J*, or C, E & J*, or C, F and J*	E & K*
2	The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .	A	C, E, J* and HolidaySure Plan®	not applicable
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .	A	C, E & J*	not applicable
4	The admission to a <i>hospital</i> of <i>your</i> host at destination, following an <i>emergency medical condition</i> .	A	C, E & J*	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D & J*, or C, E & J*, or C, F and J*	E & K*

6	The <i>emergency medical condition</i> of your travelling companion's immediate family member, business partner, <i>key employee</i> or <i>caregiver</i> .	A or B	C, E & J*	not applicable
7	The <i>emergency medical condition</i> of your immediate family member who is at your destination.	A	C, E & J*	E & K*
<b>Pregnancy and adoption</b>				
8	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> .	A	C, E & J*	E & K*
9	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>your travelling companion</i> , or a member of <i>immediate family</i> of <i>your travelling companion</i> or <i>travelling companion's spouse</i> .	A or B	C, E & J*	E & K*
10	<i>Your</i> or <i>your spouse's</i> pregnancy being diagnosed after <i>your</i> travel arrangements are booked, if <i>your</i> departure from <i>your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11	<i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being diagnosed after <i>your</i> travel arrangements are booked, if <i>your</i> departure from <i>your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12	The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place during <i>your trip</i> .	A	C, E & J*	not applicable
13	The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place during <i>your trip</i> .	A or B	C, E & J*	not applicable
<b>Death</b>				
14	<i>Your</i> death.	A	C & L, or C & M, or C & N	L, or M, or N
15	The death of <i>your immediate family</i> member or friend (who is not at <i>your</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .	A	C, E, J* and HolidaySure Plan	not applicable
16	The death of <i>your travelling companion</i> .	A or B	C, E & J*	E & K*
17	The death of <i>your travelling companion's immediate family</i> member, business partner, <i>key employee</i> or <i>caregiver</i> .	A or B	C, E & J*	not applicable
18	The death of <i>your</i> host at destination, following an <i>emergency medical condition</i> .	A	C, E & J*	not applicable
19	The death of <i>your immediate family</i> member or friend, who is at <i>your</i> destination.	A	C, E & J*	E & K*
<b>Government advisories and visas</b>				
20	A written formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	C, E & J*, or C, F and J*	not applicable
21	The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) or the rejection of <i>your</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your</i> control.	A	not applicable	not applicable
22	The non-issuance of <i>your travelling companion's travel</i> visa (not an immigration or employment visa) or the rejection of <i>your travelling companion's</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your travelling companion's</i> control.	A or B	not applicable	not applicable
<b>Employment and occupation</b>				
23	A transfer by the employer with whom <i>you</i> , <i>your spouse</i> or <i>your parent/legal guardian</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence. (Please note-parent/legal guardian is applicable to Elementary or High School full-time students only)	A	C, E & J*	not applicable
24	A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A or B	C, E & J*	not applicable
25	The involuntary loss of <i>your</i> , <i>your spouse</i> , or <i>your parent/legal guardian's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause. (Please note-parent/legal guardian is applicable to Elementary or High School full-time students only)	A	C, E & J*	not applicable
26	The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E & J*	not applicable

27	Cancellation of <i>your</i> or <i>your travelling companion's</i> business meeting beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's</i> employer's control.	A	C, E & J*	not applicable
28	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E & J*	not applicable
29	<i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A or B	C, E & J*	not applicable
<b>Delays and schedule change</b>				
30	Delay of <i>your</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E & J*	not applicable
31	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E & J*	not applicable
32	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose to continue with <i>your</i> travel arrangements.	B	B	not applicable
33	Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	C, F & J*	E & J*
34	Delay of <i>your</i> connecting carrier ( <i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F & J*	E & J*
35	The cancellation of <i>your</i> cruise: • prior to <i>your</i> departure from <i>your departure point</i> , or • after <i>your</i> departure from <i>your departure point</i> , but prior to the departure of the cruise ship due to the mechanical failure, grounding or quarantine of the cruise ship, or the repositioning of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.	H	I	not applicable
36	<i>Your</i> missed connection caused by the <i>schedule change</i> of the airline carrier that is providing transportation for a portion of <i>your</i> travels.	G & J	G & J	G & J
<b>Other risks</b>				
37	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	C, E & J*	not applicable
38	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or his/her place of business inoperative.	A or B	C, E & J*	not applicable
39	The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your child</i> .	A	C, E & J*	E & K*
40	The quarantine or hijacking of <i>your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>child</i> .	A or B	C, E & J*	E & K*
41	<i>Your</i> , <i>your spouse</i> or <i>your child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A	C, E & J*	not applicable
42	<i>Your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A or B	C, E & J*	not applicable
43	<i>You</i> being required to attend a University or College examination, during <i>your trip</i> , when the examination date is set after <i>your</i> travel arrangements are booked.	A	not applicable	not applicable
44	<i>Your</i> failure of an examination, which requires <i>you</i> to re-sit the examination during <i>your trip</i> .	A	not applicable	not applicable
45	<i>Your</i> school board cancels <i>your trip</i> due to a teacher's labour strike; or determines there is a risk of harm to <i>you</i> during <i>your trip</i> when <i>you</i> are scheduled to travel to a specific region of a country during <i>your trip</i> .	A	not applicable	not applicable

- \* a) When Benefits J and K are payable to *you*, the maximum payable in total may not exceed the amount specified for Benefit K.  
b) Benefit J is available only in conjunction with Benefits D, E or F when no cost-effective and/or direct alternate transportation is available.

## What are the benefits?

**Prepaid travel arrangements** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for:

- A The non-refundable portion of *your* prepaid travel arrangements.
- B The extra cost of the next occupancy charge, if *you* choose to travel as originally planned.
- C The non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

**Transportation** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for the extra cost of:

- D *Your* economy class transportation via the most cost effective route to rejoin a tour or group.
- E *Your* economy class transportation via the most cost effective route to *your departure point*.
- F *Your* economy class one-way air fare via the most cost effective route to *your* next destination (inbound and outbound).

**Missed connection benefit** - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #36 (*schedule change*)

- G
  - The change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
  - up to \$1,000 for the extra cost of *your* one-way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

**Cruise cancellation benefit** - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #35 (cruise cancellation):

- H
  - the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
  - up to \$1,000 for *your* non-refundable prepaid air fare, which joins to or departs from *your* cancelled sea/land arrangements and that is not part of *your* cruise package.
- I
  - the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
  - up to \$1,000 for the extra cost of *your* one-way economy air fare on a commercial flight via the most cost effective route to return *you* to *your departure point*.

**Subsistence allowance** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

- J *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:
  - \$350, to a maximum total of \$700.
- K *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:
  - \$350, to a maximum total of \$3,500.

**Repatriation of *your* remains** - Reimbursement of *your* expenses actually incurred as a result of one of the insured risks:

- L The transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container.
- M The transportation of *your* remains to *your departure point* and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred.
- N Up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

**HolidaySure Plan Coupon** - Upon *your* request, compensation to *you* in the form of a coupon of up to \$750 in value when *you* incur risk insured # 2 or 15, and

- *you* miss at least 75% of *your trip*, as a result of the interruption of *your* travel plans;
- *you* use the coupon towards travel in the 180 days immediately following the date of *your* early return from *your* interrupted insured *trip*; and
- *you* use the coupon to purchase replacement travel through the travel agency that originally booked *your* interrupted insured travel plans, provided that it is not insolvent.

Failure to meet these conditions, will make the HolidaySure Plan benefit coverage null and void. *Your* original Youth/Student Package, coverage does not cover the replacement travel.

**What is not covered?**

- 1 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
  - i) *Your or your spouse's medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, *your or your spouse's medical condition* or related condition has not been *stable*.
  - ii) *Your or your spouse's heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
    - a) any heart condition has not been *stable*; or
    - b) *you or your spouse* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
  - iii) *Your or your spouse's lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
    - a) any lung condition has not been *stable*; or
    - b) *you or your spouse* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
- 2 This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:
  - a) Cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.
  - b) A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
  - c) Pre-paid travel arrangements for which an insurance premium was not paid.
  - d) *Your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
  - e) *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
  - f) *Your mental or emotional disorders*.
  - g) Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
  - h) *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
  - i) Routine pre-natal care, a child born during *your period of insurance*, pregnancy or childbirth.
  - j) Complications of pregnancy or childbirth, occurring in the 9 weeks before or after the expected date of delivery.
  - k) Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
  - l) War (declared or not), act of foreign enemies or rebellion.
  - m) The non-issuance of a travel visa due to late visa application.
  - n) The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
  - o) *Your* participation in rock climbing or *mountain climbing*.
  - p) Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

### What conditions apply?

- 1 If before *your* date of departure *you* are prescribed any *change in medication* or treatment that would make *your medical condition* not *stable* and therefore ineligible for coverage under *our emergency* medical coverages, *you* may apply for *our* special consideration of *your* particular medical circumstance through *your* Travel Agent. To apply, *you* must provide *us* with:
  - copies of the clinical notes from *your* treating *physician*, for the period starting when *you* booked *your trip* to the date of *your* request for consideration;
  - authorization to *physicians* and *hospitals* signed by *you*;
  - complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.



Once this information is received, *we* will, within one business day, at *our* discretion, either:

- accept *your* claim under *our* Cancellation & Interruption insurance; or
  - waive the exclusion that would make *you* ineligible for benefits under *our* *emergency* medical insurance, for the *medical condition* or related condition for which the *change in medication* or treatment that would make *your medical condition* not *stable* was prescribed to *you*.
- 2 It is a condition of any transportation and subsistence allowance benefit under this policy that travel must be undertaken on the earliest of:
- a) the date when *your* travel is medically possible; and
  - b) within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
  - c) within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.
- 3 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

### **Flight and Travel Accident Insurance**

#### **What risks are insured?**

*Your accidental bodily injuries*, resulting in *your dismemberment*, *loss of sight*, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during *your trip*.

#### **What are the benefits?**

*We* will pay the greater of these benefits for all losses resulting from an accident:

- 1 100% of the principal sum for death, double *dismemberment* or *loss of sight* of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single *dismemberment* or *loss of sight* of one eye.

#### **What is not covered?**

Exclusions 1 to 9 apply to Flight Accident.

Exclusions 1 to 14 apply to Travel Accident

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 War (declared or not), act of foreign enemies or rebellion.
- 2 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 3 The commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary.
- 4 Participation in any military manoeuvre or training exercise.
- 5 Disease, even if the cause of its activation or reactivation is an accident.
- 6 Piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 *Contamination* due to any *act of terrorism*.
- 8 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 9 *Terrorism*.
- 10 Any accident arising from, or in any way related to, *your* chronic use of alcohol, or drugs whether prior to or during *your trip*.
- 11 *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 12 Participation as a *professional* athlete in a sporting event.
- 13 Participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping.
- 14 Participation in any kind of motorized race or motorized speed contest.

#### **What conditions apply?**

Conditions 1 to 4 apply to Travel Accident.

Conditions 2 to 8 apply to Flight Accident.

- 1 If after 1 year following the accident covered under this insurance, *your* body has not been found, it will be presumed that *you* died as a result of such injuries occurring at the time of such accident.
- 2 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.
- 3 For Youth/Student Package coverage, the maximum sums available are shown in the Summary of Insurance coverage chart contained in this policy.
- 4 The total benefits payable for one or more accidents will not exceed the applicable principal sum as outlined in the Summary of Insurance coverage chart.
- 5 If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding, *your* body has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
- 6 The *accidental bodily injury* must be sustained while *you* are:
  - a passenger on the *trip* shown in the *insurance application* or during a substitute *trip* if the ticket is exchanged;
  - riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this insurance;
  - riding as a passenger in a limousine or bus service provided by the airline or airport authority;
  - at an airport for the purpose of departure or arrival of the flight covered by this insurance;
  - riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this insurance; or
  - exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.
- 7 This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.
- 8 *Your trip* must take place on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*. At the time *you* sustain the *accidental bodily injuries*, *you* must be travelling on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

### **Baggage & Personal Effects Insurance**

(Underwritten in Quebec by RBC General Insurance Company)

#### **What risks are insured?**

This policy covers direct physical loss of, or damage to, the baggage and personal effects *you* own and use during *your trip*.

#### **What are the benefits?**

##### **1 Loss of or Damage to Baggage & Personal Effects**

Reimbursement of *your* losses up to the sum insured shown in the *insurance application*, subject to a maximum of \$500 for any one item or set of items (items which are purchased for use together, and commonly used together).

##### **2 Replacement of Travel Documents**

Reimbursement of up to \$200 in total, towards the replacement expenses of one or more of the following documents: passport, driver's licence, birth certificate or travel visa, in the event any one of these is lost or stolen.

### 3 Delay of Baggage & Personal Effects

Reimbursement up to \$400 maximum for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point*.

#### What is not covered?

This insurance does not cover:

- 1 Animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eye glasses, sunglasses, contact lenses, money, tickets, securities and documents, *professional* or occupational items, antiques and collector items, breakage or damage to brittle or fragile articles, property illegally acquired, kept, stored or transported.
- 2 Any claim arising from loss:
  - a) caused by wear and tear, deterioration, defect or mechanical breakdown;
  - b) caused by *your* imprudent act or omission;
  - c) of articles specifically insured on a valued basis by another insurer while this insurance is in effect;
  - d) directly in consequence of war (declared or not), act of foreign enemies or rebellion;
  - e) caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- 3 Any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

#### What conditions apply?

- 1 The maximum sums available are shown in the Summary of Insurance coverage chart contained in this policy.
- 2 In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage, of an item covered under this insurance, *you* must:
  - a) during *your period of insurance*, immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
  - b) promptly take all reasonable precautions to protect, save and/or recover the property; and
  - c) notify *us* immediately upon *your* return to *your departure point*.Failure to comply with this condition will invalidate any claim under this insurance.
- 3 If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.
- 4
  - a) *We* are not liable beyond the actual cash value (original cost less deduction for depreciation), of the property, at the time of loss.
  - b) *We* have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.
- 5 The maximum sum insured per person or per family does not exceed \$2,000 in total for all coverages in this and other Baggage & Personal Effects insurance issued by *us*.
- 6 If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
- 7 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

#### General Conditions

- 1 If *you* fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 4 In the case of out-of-country/province health care coverage:

- a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
  - \$50,000 or less, *we* will not coordinate payment with such coverage;
  - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
- b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
  - \$50,000 or less, *we* will not coordinate payment with such coverage;
  - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.
- 5 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 6 Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 7 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- 8 If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the policy.
- 9 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your* insurance application.
- 10 If the aggregate of all accident insurance policies under which *we* cover *you* is in excess of \$200,000, *our* total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.
- 11 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 12 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 13 *You* and *we* agree that all disputes, controversies or claims arising under this policy or otherwise in connection with this policy, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1998, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the policy was issued. *You*, *your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
- 14 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 15 Throughout this document, any reference to age refers to *your* age on the date of *insurance application*.
- 16 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.

- 17 This document, including the *insurance application*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.

### **How do you submit a claim?**

- 1 When *you* call Assured Assistance Inc. at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 We do not cover fees charged for completing a medical certificate.
- 3 *You* must file *your* claim with *us* within 90 days of *your* return to *your departure point*.
- 4 If *you* need a Claim & Authorization form, please contact *our* Claims Department at:
  - a) If *you* do not reside in Quebec:  
P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9  
905-816-2572 or 1-800-263-8944
  - b) If *you* reside in Quebec:  
P.O. Box 11472, Station Centre Ville, Montreal, Quebec, H3C 5N2  
514-748-2244 or 1-800-263-8944
  - c) Or *you* can visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>, to obtain an *Emergency* Medical claim form or a Cancellation & Interruption claim form.

### ***Emergency Medical Insurance***

We require the fully completed Claim & Authorization form, and where applicable:

- Original of all bills, invoices and receipts.
- Proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan.
- The completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms, if *you* reside in the province of Quebec.
- A complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary.

In addition, for accidental dental expenses, *we* require proof of the accident.

### ***Cancellation & Interruption Insurance***

We require the fully completed Claim & Authorization form, and where applicable:

- A medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment.
- Written evidence of the risk insured which was the cause of cancellation, interruption or delay.
- Tour operator terms and conditions.
- Complete original unused transportation tickets and vouchers.
- All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- Original passenger receipts for new tickets.
- Reports from the police or local authorities documenting the cause of the missed connection.
- Detailed invoices and/or receipts from the service provider(s).

### ***Flight and Travel Accident Insurance***

We require the fully completed Claim & Authorization form and where applicable:

- Police reports, medical records, death certificate, autopsy or coroner's report.

### ***Baggage & Personal Effects Insurance***

We require the fully completed Claim & Authorization form and where applicable:

- Proofs of loss/damage (copy of reports made to the authorities), proof of ownership and receipts for the items claimed, in the event of loss or damage.
- Proof of delay and receipts for purchases of necessary toiletries and clothing, in the event of a delay.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF *YOUR* CLAIM.**



**RBC Insurance Company of Canada and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9**

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